

**Communities and Public Health Directorate
Healthier Communities**

**Barnsley Older People's Physical Activity Alliance
(BOPPAA)**

9 November 2023

1. Executive summary

This business case presents an evidence base for the commissioning of a service to co-ordinate the established Barnsley Older Peoples Physical Activity Alliance (BOPPAA), which has proved to be effective in reducing falls and frailty by supporting older people in Barnsley to improve their strength and balance, and levels of physical activity.

2. Introduction

The BOPPAA was developed in 2021 as a pilot programme to address some of the impact on mobility and deconditioning, particularly for older people, due to the COVID-19 pandemic. The Alliance approach has proved very successful, bringing together a range of physical activity providers to build on existing provisions and identify gaps in appropriate provision for older people.

Delivered through a contract held by Age UK Barnsley, over 70 organisations are now part of the Alliance, and they offer over 180 different activities across Barnsley. Some of these have been funded through the BOPPAA; others are part of existing provision.

Currently, Age UK Barnsley lead the BOPPAA but works closely with a core group of organisations, including Barnsley Premier Leisure (BPL) and Barnsley FC Community Trust, who are all actively working in Barnsley communities to support older people to maintain independence and wellbeing.

This work is crucial in terms of falls prevention and aims to improve health outcomes for older people, but also to reduce pressure within the health and care system. Based on the success of the programme and the impacts and outcomes seen to date, it is important for this work to continue.

3. Local priorities and rationale

The work contributes to the Barnsley 2030 priorities, with a particular focus on 'healthy' Barnsley, but also providing key links to the 'learning' and 'growing' themes.

Alongside the 2030 priorities, this work also forms a key part of the developments across the health and care system and the Barnsley Health and Care Plan 2023-2025, which is committed to delivering on the following;

- **Make services more accessible** – so you get the right support when and where you need it
- **Provide more joined up care in the community** – removing barriers to health and care across different places so you experience seamless care
- **Support people to keep healthy** – giving you opportunities to keep a healthy lifestyle for yourself and your family
- **Offer the best possible start in life for people** – helping you to nurture a lifetime of good health and happiness for your child from birth to adulthood
- **Develop our talented workforce** – so they are equipped to make sure you can experience excellent healthcare

Barnsley has an ageing population, and as people live longer, it is imperative to support them to age well and support their independence and wellbeing into later life. As people get older, the risk of falling increases, and so any preventative work to maintain strength and balance and reduce the risk of falls is beneficial, not only for individuals but for the wider health and care system, which remains in high demand.

BOPPAA also provides a sense of social support within the community, which is important for mental health and wellbeing. Additionally, the council’s commissioning of BOPPAA improves the representation and visibility of an age-friendly environment within local communities.

3.1 Falls projections

The table below shows predicted figures for falls (please note that the figures do not take into consideration any impact of the COVID-19 pandemic). From the data, it is evident that as the population increases, the proportion of over 65’s likely to fall stays consistent (26%), leading to an overall increase in injuries, sprains, and fractures as a result. The same trend can be seen with hospital admissions at 3% over the three time periods. Although these percentages are not increasing, the population is, leading to an overall increase in hospital admissions over time.

	2020	Projected by 2025	Projected by 2030
Population of over 65s	49,200	54,200	60,500
Over 65s predicted to fall	12,835	14,291	15,979
Over 65s predicted to be admitted to a hospital due to a fall	1,468	1,721	1,941

Ref: POPPI Projecting Older People Population Information System data tool: www.poppi.org.uk

3.2 Inequalities

In Barnsley, life expectancy at birth for women ranges from 78.7 years in Stairfoot Ward to 86.2 years in Penistone East (a gap of 7.5 years). Female healthy life expectancy in the borough is 61.5 years, meaning women in the borough can expect to live in poor health on average between 17.2 and 24.7 years.

In contrast, the life expectancy at birth for men ranges from 75.0 years in Kingstone Ward to 82.8 years in Penistone East (a gap of 7.8 years). Male healthy life expectancy in the borough is 57.5 years, meaning men in the borough can expect to live in poor health on average between 17.5 and 25.3 years.

It is important to note a higher likelihood of females suffering from falls relative to males; it is great to see so many older women accessing activities through BOPPAA, but this is disproportionate to the number of men attending, and a piece of work has been identified to address this, given the statistics highlighted above. By increasing the number of men attending activities and enjoying the benefits of being physically active, we can decrease the gap between male and female life expectancy.

Everyone can benefit from taking part in strength and balance activities. Still, a key role for the BOPPAA will be to identify the barriers to participation for older people and other protected characteristic groups and work to overcome them so that everyone can take part and achieve the maximum impact and benefits for those who need it most.

3.3 Hospital admissions

Falls are a common and serious problem for older people; each year, 30% of people older than 65 and 50% of people older than 80 have a fall. Injury from a fall is the most common cause of emergency hospital admissions for older people, and around 40% of ambulance attendance is related to older people (RCOT, 2015).

Barnsley's emergency hospital admissions due to falls in people aged 80 and over in 2019/20 were 815 per 100,000, the highest in Yorkshire and Humber.

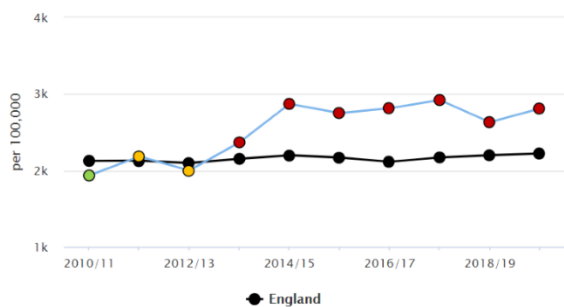
The graph and table below illustrate a high prevalence of over 65-year-olds admitted to hospital due to a fall and compares Barnsley to the national average per 100,000.

Emergency hospital admissions due to falls in people aged 65 and over

Directly standardised rate - per 100,000

Export chart as image Show confidence intervals Show 99.8% CI values

Export table as CSV file



Recent trend: No significant change

Period	Count	Barnsley		Yorkshire and the Humber	England	
		Value	95% Lower CI			95% Upper CI
2010/11	709	1,934	1,792	2,085	2,067	2,126
2011/12	839	2,183	2,036	2,339	2,114	2,128
2012/13	789	2,001	1,862	2,148	2,005	2,097
2013/14	961	2,368	2,219	2,524	2,095	2,154
2014/15	1,195	2,871	2,709	3,040	2,111	2,199
2015/16	1,169	2,751	2,595	2,914	2,086	2,169
2016/17	1,232	2,815	2,659	2,977	2,059	2,114
2017/18	1,302	2,922	2,765	3,086	2,102	2,170
2018/19	1,205	2,632	2,485	2,785	2,105	2,199*
2019/20	1,305	2,811	2,659	2,968	2,097	2,222

Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2020. Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England

Ref: Public Health England: Public Health Profiles: www.fingertips.phe.org.uk/

3.4 Cost of fractures and falls

Falling has an impact on quality of life, health and healthcare costs. The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects family members and carers of people who fall. Falls are estimated to cost the NHS more than £2.3 billion annually (NICE, 2013). A large proportion of this cost is the result of some people who fall being unable to return to their home, which leads to the need for social care support or discharge to a nursing/care home.

4. Evidence-based falls prevention exercise programmes

The Fitness and Mobility Exercise Programme (FaME) and Otago Exercise Programme (OEP) are the most widely utilised programmes for falls prevention in the UK.

FaMe is currently part of the BOPPAA offer alongside other strength and balance exercise classes. The FaME programme has been shown to improve balance and walking speed and reduce fear of falling. It is recommended widely to be promoted and integrated into regular health and social activities in community settings (Yeung et al., 2014).

The OEP was initially designed for 1:1 home exercise that has since been adapted for group settings. Whilst this is not currently operational in Barnsley, development discussions continue with NHS partners (in particular, Physiotherapy) as they are required as part of the referral and assessment to enable OEP to be delivered.

4.1 Physical Activity, strength and balance for older people

In Barnsley, we want more older adults to achieve the recommendations in the Chief Medical Officer's Physical Activity Guidelines published in 2019.

Any exercise that improves leg strength, balance and coordination can help people maintain and improve muscle strength and avoid falls as they age. Exercises that can improve flexibility can improve posture, reduce aches and pains, lower the risk of injury, and help continue carrying out everyday tasks.

Activity that supports strength balance and is part of the current BOPPAA include;

Walking sports:

A number of studies have highlighted the health benefits of walking sports. A recent study evaluating the impact of walking netball found that participants improved their balance by 8%, Sit-stand ability by 23%, and gait speed by 17%.

Tai Chi:

Studies have shown that older people can improve their balance by regularly performing Tai Chi. There is evidence that it can prevent falls, benefit people with arthritis, osteoporosis, depression, hypertension, rehabilitation for COPD and many other conditions.

5. Current delivery and provision

The BOPPAA requires collaboration, innovation and flexibility to work across the diverse care management system, health, and the voluntary and independent sectors to promote and maintain wellbeing and independence.

Currently:

- Over 70 organisations are involved in the BOPPAA, and this number continues to - this includes 28 private/independent providers, 41 third sector (non-profit) providers and one NHS provider.
- The BOPPAA 'core group' meets bi-monthly to collaborate, develop and enhance the collective physical activity offered for older people in Barnsley.
- Over 180 physical activity opportunities feature in the BOPPAA timetable, delivered by 45 separate providers.
- Eight staff members from organisations across the alliance have been Mental Health First Aid trained.
- Eight staff members from organisations across the alliance have been Postural Stability Instructor-trained.
- Training was funded for nine Health Wellbeing Coaches/Care Coordinators to deliver physical activity in care homes for people with dementia.
- 273 individual participants have attended Healthy Bones classes (229 females and 44 males), with over 100 continuing their activity (as of the end of June 2023).

- Overall, over 2000 people have been involved in the BOPPAA's range of activities, taking place across Barnsley.

5.1 Benefits to participants

The introduction of BOPPAA has led to an increase in physical activity levels and improved strength and balance and mental wellbeing of older people across Barnsley.

- 113 participants have so far undertaken their 12-week/26 weeks follow-up FFMOT (Healthy Bones), with the majority of participants seeing improved results (strength and balance):
- 80% achieved improved '30-second chair rise' result following 12 weeks/26 weeks of Healthy Bones classes.
- 83% achieved improved '8-foot timed up and go' results following 12 weeks/26 weeks of Healthy Bones classes.
- 58% achieved improved 'one leg balance' results following 12 weeks/26 weeks of Healthy Bones classes.
- 50% achieved improved 'handgrip strength' results following 12 weeks/26 weeks of Healthy Bones classes.

89 participants completed surveys related to their involvement in Healthy Bones classes:

- 99% of participants reported that their levels of physical activity increased.
- 97% of participants reported their mental wellbeing increased.

There are also several positive case studies and feedback available from providers and people who have benefited from the programme regarding both physical and mental wellbeing. As well as individual outcomes, the BOPPAA has also supported and sustained private and third-sector providers coming out of the pandemic.

Commissioning separate services, one to tackle low-level mental health/loneliness and one to improve strength and balance, would be much more costly, so this also represents value for money.

5.2 GAP analysis

The Barnsley Falls Pathway Review has identified that BOPPAA provides a coordinated approach, where the majority of local services designed to support the improvement of strength, balance and levels of physical activity are captured by and/or form part of the Alliance.

Without BOPPAA, the falls pathway would not be delivering NICE recommendations effectively. However, the approach also provides opportunities to improve referral processes across the health and social care system, ensuring patients have choice and access to appropriate services when required.

It is also important in creating a more sustainable approach to falls prevention, where the impact of the work can also be measured across community and primary care services, and it will continue to be a vital part of the falls pathway review.

The BOPPAA works with local area teams and partner organisations to identify gaps in provision and continues to expand the offer of additional sessions where demand is high.

The main gaps that require further development by the BOPPAA are in relation to the 1:1 offer for individuals, as well as opportunities to support the work taking place in care homes.

6. Commissioning intentions

BOPPAA continues to meet its targets and improve health outcomes for local people. Without BOPPAA, there will be no falls prevention work in Barnsley.

The proposal is to commission a provider to coordinate and oversee the BOPPA Alliance for three years, from 1 April 2024 to 31 March 2027, with the option to extend for an additional two years should funding be identified.

Healthier Communities (BU8) has a base budget value of £85k per annum to support this commission, adding £100k per annum from the Better Care Fund (BCF).

The programme will benefit from this joint commissioning approach as the outcomes support health and social care. Any opportunities to reduce the pressure across the system should be considered, and therefore, resource from both budgets is welcomed.

Sustainability for the programme is important as BOPPAA remains a key feature of the wider falls and frailty pathway and access work. This is recognised by senior leaders at Health and Care (Place) DMT, who have already pledged their support to the approach.

7. Proposed Finance

By utilising the available funds from BCF, Healthier Communities have identified some cost savings from their budget as part of the transformation review.

The confirmed amount of £100,000 per annum from BCF (three years) allows Healthier Communities to reduce their contribution to £85,000 per annum. This will provide a £15,000 per annum saving from the Healthier Communities base budget for those three years.

Funding Source	Amount per annum	Five-year contract term total (3+1+1)
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Healthier Communities	£85,000	£255,000 (+170,000)
Better Care Fund (BCF)	£100,000	£300,000 (3 years only)
Total annual contract value		£185,000

Other sources of external funding will continue to be explored and will need to be identified beyond the first three years.

8. Delivery model contract options to consider

Options appraisal:

Proposal	Advantages	Disadvantages
<p>Option 1 Do nothing</p>	<ul style="list-style-type: none"> Opportunity for cost savings as part of the transformation approach 	<ul style="list-style-type: none"> No alternative service in place Gap in provision to support older people’s wellbeing Risk of increased demand for other council services Questions regarding the council’s commitment to inclusivity, ageing well and an age-friendly approach
<p>Option 2 Procure a reduced offer using only BCF funding.</p>	<ul style="list-style-type: none"> Continue delivering part of the existing offer Opportunity for cost savings as part of the transformation approach 	<ul style="list-style-type: none"> Less opportunity for further development of the Alliance Risk of capacity issues as demand increases Limited capacity to extend the BOPPAA timetable No grant funding available to kickstart new activities Lack of monies to promote current offer to attract new participants
<p>Option 3 Joint procurement approach using BCF and HC funding</p>	<ul style="list-style-type: none"> Maintain, manage and expand the current offer Longer contract term provides security to the local community voluntary sector Tried and tested approach that has been evidenced effectively Increased capacity to support more people and provide a full offer 	<ul style="list-style-type: none"> Financial commitment for longer term



	<ul style="list-style-type: none"> • Increased capacity to identify and fill any gaps in provision • Widen opportunities for developing the BOPPAA offer, e.g., 1:1 support in homes and care homes • Continued working across the Barnsley Health and Care System to maximise resources • Improved health outcomes 	
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8.1 Recommendation

The BOPPAA offers a wide range of activities to improve and maintain strength and balance.

If participants attend activities regularly, they are less likely to experience deconditioning, increasing their risk of falls, which would also increase their need for more costly interventions by health and social care. The broad range of activities on offer in local communities supports personalisation and easy access to preventative interventions close to home.

Given the programme's success to date, it would be beneficial to continue the work over an extended period to enable maximum impact and benefit.

Option 3 – Joint approach using BCF and HC funding.

Option 3 would be the preferred option, with an annual contract value of £185,000.

Contract term proposed: Three years with the option to extend for two additional years should funding become available.

Timescales: April 2024 – May 2029

9. Timescales for re-procurement

Business case development	October 2023
Approvals process	October – Dec 2023
Development of consultation/Spec/tender documents	November 2023
Tender process (dates to be confirmed)	January 2024
Contract Award (dates to be confirmed)	February 2024
Mobilisation Period (dates to be confirmed)	February – March 2024
New service start date (to be confirmed)	1 April 2024

10. Contract Monitoring and Evaluation

Contact monitoring meetings are to be held quarterly to discuss progress and include:

- Achievement of KPIs
- Evidence of partnerships
- Opportunities for additional funding
- Case studies that demonstrate impact and change in e.g. levels of engagement, influence to improve and redesign health services, evidence of co-production
- Feedback on what's working but also help to shape service going forward to ensure local need is met.

11. Partnership working and Interdependencies

As the service is designed to work across the health and social care systems, it is important to ensure links with local integrated care partners as part of the new NHS governance structures, as well as opportunities to connect with local area council teams and local VCSE partners as part of the reach out to local communities.

12. Conclusions

Longer term funding for the Barnsley Older People's Physical Activity Alliance (BOPPAA) will continue to benefit the residents of Barnsley and the community.

Investing in the range of services that the Alliance offer provides a key offer for older people in supporting them to improve their strength and balance and reduce the risk of falls.

13. Key documents and References

BMBC Borough Profile (2019)

Building Back Fairer: The Covid-19 Marmot Review (2020)

Public Health England (2015) A guide to community-centred approaches to health and wellbeing

<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

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